

Pathway:

A Guide to Clinical Screening for Social Determinants of Health

EXECUTIVE SUMMARY

Hundreds of thousands of patients flow through hospitals, clinics, and physician offices presenting with episodic and chronic issues related to unhealthy life styles and conditions. In many cases, their condition exists because of social and environmental factors – **social determinants of health (SDH)** – where the patient **lives, learns, works, worships, and plays**, which accounts for up to 80% of an individual's health outcomes. This is playing an increasing role in the larger narrative of healthcare's transition to a **value-based outcomes** model and the expanded view on **population health**.

Upstream issues such as housing security/quality, food insecurity, transportation, education, employment, and others cause and/or impede an individual's ability to live a healthy life. A growing number in healthcare have decided to look beyond the four walls of the clinical setting to more effectively impact the lives of their patients. Because of the clinical-patient relationship, organizations and providers have a unique opportunity to identify and attempt to address the underlying issues affecting these people. **The first step is to screen for SDH.**

The **Healthy Living Matters¹ Healthcare Sector Action Team (HSAT)**, which is comprised of partners from hospitals, clinics, public health, health plans, foundations, academia, and government, developed this **Pathway: A Guide to Clinical Screening for Social Determinants of Health**, which includes the *SDH Core Measures Plus*, as a guide to first and foremost encourage organizations, physicians, and others to begin screening for SDHs. It also contains more specific recommendations on SDH screening implementation, practice, and screening tools.

What if a Patient Screens Positive? What am I Responsible for?

If a patient screens positive for an SDH, the provider or staff can give the patient information about a resource or organization that can help address their current circumstance such as the address and/or phone number of a food pantry.

Are There Resources to Help if Someone Screens Positive?

There are many community resources available in Houston/Harris County that address nearly the full spectrum of SDH related issues that can be accessed by phone (e.g. 2-1-1), online (e.g. <http://referral.unitedwayhouston.org/>), or by trained staff (e.g. community health worker).

How Can I Fit This into My Practice?

Despite various challenges and increasing regulations that burden practices, there are physicians and organizations incorporating SDH screening, and no one standard way screening has to be built in to the flow of the practice. There are several places in the workflow and several individuals who can perform the screening (the full **Pathway** guide offers workflow ideas for primary care, ER, and inpatient settings).



¹ Healthy Living Matters is a collaborative that addresses childhood obesity by employing a multi sector effort —education, healthcare, built-environment-around for policy strategies, education, and community engagement.

How Do I Know Which SDHs to Screen For?

SDH Core Measures Plus

Organizations and individual practices may not have the resources to implement a full SDH screening tool. The items below represent what HSAT believed to be essential when attempting to gauge a more comprehensive understanding of the patient's social environment. The "Plus" are those fields (depression, stress, and healthy behaviors) that are not true SDHs but were deemed critical due to their impact on overall health. The following are ordered according to a recommended ranking should practices want to methodically grow their SDH screening (* Denotes "Plus" measures):

- | | |
|---------------------------|----------------------------|
| 1) Food Insecurity | 7) Family & Social Support |
| 2) Housing | 8) Stress* |
| 3) Transportation | 9) Education |
| 4) Employment | 10) Health Behaviors* |
| 5) Personal/Living Safety | 11) Trouble Paying for Rx |
| 6) Depression* | 12) Partner Violence |

[Pathway full guide contains an appendix of recommended questions]

Are There Any Existing SDH Screening Tools?

There are several SDH screening tools to choose from. All of the screening tools have great utility, and some are specialized for particular populations. Based on criteria such as prevalence of use and comprehensiveness, **HSAT recommends using the PRAPARE screening tool** (see PRAPARE box). However, it is best to review the tools themselves to find the one that best suits individual purposes. Also, some providers and organizations have chosen to alter or add questions on the screening tools to better match their needs and/or match standard practice.

PRAPARE

PRAPARE screening tool - [National Association of Community Health Centers](#) (website)

Other SDH Screening Tools In Use Locally (links): [WE CARE](#); [WE CARE-Houston](#); [SEEK](#) (requires copyright permission); [CMS Accountable Health Communities](#)

What Else Can Be Done to Address SDHs?

There are too many to name here, but listed below are examples of ways in which some providers and organizations locally in Houston/Harris County have chosen to do more.

- ❖ Utilize CHWs, case managers, or staff to help the patient navigate to community resources.
- ❖ Assemble care coordination teams (CCT) – CCTs are teams of multi-skilled individuals such as a case worker, physician, health coach, or other combinations of practitioners who go to the patient's home to identify, monitor, and help the patient based on their specific living conditions.
- ❖ Onsite resources can be built into the facility such as an on-site food pantry, WIC office, community garden, or gym.
- ❖ Participate in formal community-clinical linkages (CCLs) which connect healthcare providers, community organizations, and public health agencies to provide access for patients to preventive and chronic care services (e.g. food Rx, Diabetes Prevention Program).
- ❖ There are various community collaborations and partnerships that are attempting to create large scale change through such things as policy and community transformative projects. These collaborations involve participation from multiple sectors such as education, law enforcement, and private businesses.

Full Pathway SDH Guide



or [visit HCPH Health Equity webpage.](#)